

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
AUGUSTA DIVISION

AUTO-OWNERS INSURANCE
COMPANY,

Plaintiff,

v.

BENTLEY DEVORE, GUY DEVORE,
and DANIEL AND MARTINE SHEA, as
parents and next friends of MORGAN
JEAN-MARIE SHEA, and as joint co-
administrators of the ESTATE OF
MORGAN JEAN-MARIE SHEA,

Defendants.

Civil Action

File No. 1:21-cv-00075-JRH-BKE

AFFIDAVIT OF K.J. WARNER

I, K.J. Warner, personally appeared before the undersigned officer, duly authorized to administer oaths in the State of Georgia, who after first being duly sworn, deposes and states as follows:

1.

My name is K.J. Warner. I am over the age of eighteen (18) years and have no disability which will make me incompetent to testify.

2.

I have personal knowledge of the facts set forth in this Affidavit.

3.

On July 18, 2020, I was employed as a Deputy with the Columbia County Sheriff's Office and was responsible for personally investigating an accident involving Morgan Shea and Bentley Devore which occurred on that date (the "Accident").

4.

I have personal knowledge of the law enforcement investigation of the Accident because I was the officer who responded to the scene of the Accident, investigated it, and drafted the Georgia Motor Vehicle Crash Report.

5.

A true and accurate copy of the Georgia Motor Vehicle Crash Report regarding the Accident is attached hereto as **Exhibit "A"**.

6.

Upon arrival at the scene of the Accident and throughout the course of my investigation, I personally witnessed and inspected the vehicle involved in the Accident, which I was able to identify as a 2016 Can-Am 6WHA, with VIN: 3JBUGAN4XHK000903, owned by Bentley Devore. I was able to identify this vehicle by markings located on it.

7.

Upon arrival at the scene of the Accident and throughout the course of my investigation, I personally witnessed that this Accident occurred on Morris Callaway Road, approximately .5 miles from White Oak Road. I was able to determine this location based on physical evidence at the scene of the Accident, including markings and the final resting place of the Can-Am vehicle.


8.

Upon arrival at the scene of the Accident and throughout the course of my investigation, I personally witnessed and observed that this Accident occurred on a public road, not on private property.


9.

Upon arrival at the scene of the Accident and throughout the course of my investigation, I personally witnessed and inspected the vehicle involved in the Accident, the 2016 Can-Am 6WHA, with VIN: 3JBUGAN4XHK000903, and I was able to identify this vehicle as a motorized land vehicle designed for work and recreational use but not designed for travel on public roads.

FURTHER AFFIANT SAYETH NOT.

 #91979
K.J. Warner

SWORN TO AND SUBSCRIBED Before
Me This 26th Day of August, 2022.


Notary Public

My Commission Expires:

01-17-26

EXHIBIT

A

Agency Case Number 20010988		Agency NCIC Number GA0360000		GEORGIA MOTOR VEHICLE CRASH REPORT		County COLUMBIA		Date Rec By GDOT	
Estimated Crash Date 07/18/2020		Dispatch Date 07/18/2020		Arrival Date 07/18/2020		Vehicles 1		Total Number Of: Injuries 1 Fatalities 1	
Time 21:51		Time 21:51		Time 21:56				Inside City Of:	
Road of Occurrence MORRIS CALLAWAY RD						At its Intersection With		<input type="checkbox"/> Corrected Report	
Not At Its Intersection But .5 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet						Of: WHITE OAK RD		<input checked="" type="checkbox"/> Suppl To Original	
Latitude (Y) +33.31343 (Format) 00.00000						Longitude (X) -82.11284 (Format) -00.00000		<input type="checkbox"/> Hit and Run?	
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME DEVORE, BENTLEY JOSEPH		FIRST JOSEPH		MIDDLE			
<input checked="" type="checkbox"/> Susp At Fault		Address 2374 MORRIS CALLAWAY RD							
City APPLING,		State GA		Zip 30802-		DOB /2000			
Driver's License No. 059730439		Class C		State GA		Country US			
Insurance Co. NONE		Policy No.		Telephone No. (706) 910-3463					
Year 2016		Make		Model CAN-AM 6WHA					
VIN 3JBUGAN4XHK000903		Vehicle Color GRN							
Tag # NONE		State		County		Year			
Trailer Tag #		State		County		Year			
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name DEVORE, BENTLEY JOSEPH		First JOSEPH		Middle			
Address 2374 MORRIS CALLAWAY RD									
City APPLING,		State GA		Zip 30802-					
Removed By REEVES WRECKER SERVICE		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List							
Alcohol Test 3	Type	Results	Drug Test 2	Type	Results				
First Harmful Event: 01		Most Harmful Event: 01		Operator/Ped Cond: 4					
Operator Contributing Factors: 02		07		10					
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1							
Direction of Travel: 2		Vehicle Maneuver: 05		Non-Motor Maneuver:					
Vehicle Class: 1		Vehicle Type: 21		Vision Obscured: 1					
Number of Occupants 2		Area of Initial Contact: 00		Damage to Veh: 4					
Traffic-Way Flow: 1		Road Comp: 2		Road Character: 1					
Number of Lanes: 2		Posted Speed: 35		Work Zone: 0					
Traffic Ctrl 07		Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Citation Information:									
Citation # 274406		O.C.G.A. § 40-6-48							
Citation # 274407		O.C.G.A. § 40-6-391 (A) (1)							
Citation # 274408		O.C.G.A. § 40-6-253							
COMMERCIAL MOTOR VEHICLES ONLY									
Carrier Name									
Address		City		State		Zip			
U.S.D.O.T. #		No. of Axles		G.V.W.R.					
Cargo Body Type	Vehicle Config	Interstate <input type="checkbox"/>	Fed Reportable						
		Intrastate <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If YES, Name or 4 Digit Number from Diamond or Box: _____									
1 Digit Number from Bottom of Diamond: _____									
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units									

COLLISION FIELDS

Manner of Collision: 6	Location at Area of Impact: 1	Weather: 1	Surface Condition: 1	Light Condition: 5
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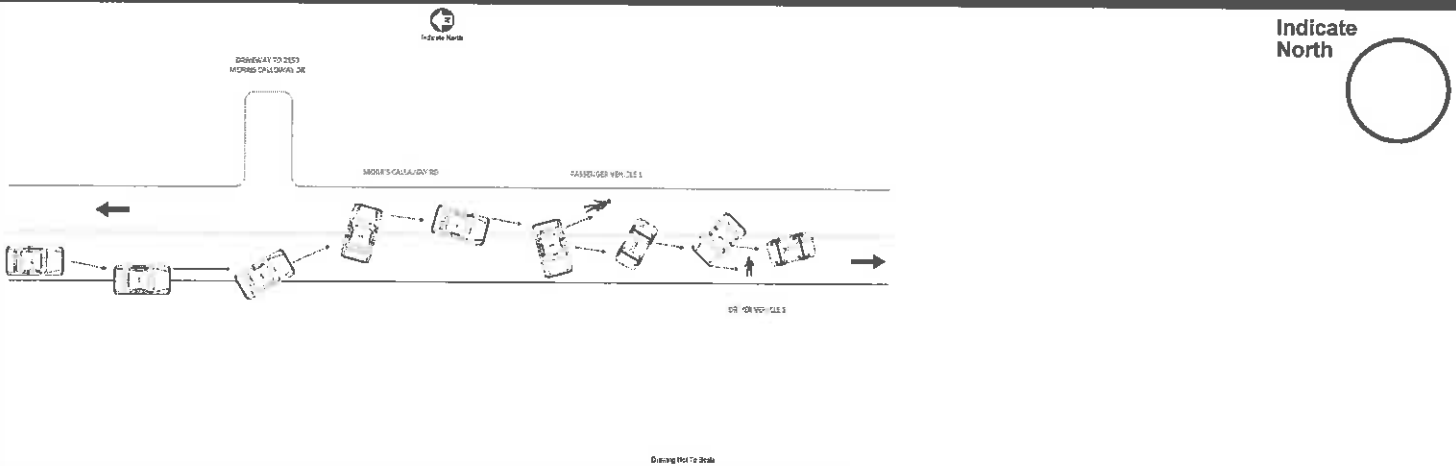
NARRATIVE

VEHICLE 1 WAS TRAVELING SOUTH ON MORRIS CALLOWAY RD. INVESTIGATION REVEALED THAT FOR UNKNOWN REASONS VEHICLE 1 EXITED THE ROADWAY ONTO THE WEST SHOULDER OF MORRIS CALLOWAY RD. THE DRIVER OF VEHICLE 1 OVERCORRECTED CAUSING VEHICLE 1 TO SPIN IN A COUNTER CLOCK WISE DIRECTION AND ENTER BACK ONTO THE ROADWAY. THE DRIVER OF VEHICLE 1 TRIED TO COUNTER STEER CAUSING VEHICLE 1 TO SPIN IN A CLOCK WISE DIRECTION AND OVERTURN. WHILE VEHICLE 1 WAS OVERTURNING THE DRIVER AND PASSENGER WERE EJECTED FROM THE VEHICLE BEFORE IT CAME TO FINAL REST POSITION FACING NORTH ON MORRIS CALLOWAY RD ON THE DRIVERS SIDE. THE DRIVER OF VEHICLE 1 IS AT FAULT.

NOTE: THE MAKE OF VEHICLE 1 IS A CAN-AM. IT IS A TWO SEAT MOTORIZED UTILITY VEHICLE.

* * Continued * *

DIAGRAM



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle: NONE

Owner:

WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
NONE CAME FORWARD,					

OCCUPANT INFORMATION

1	Name (Last, First): DEVORE, BENTLEY JOSEPH					Address 2374 MORRIS CALLOWAY RD APPLING, GA, 30802-				
	Age: 20	Sex: M	Unit #: 1	Position: 1	Safety Eq: 0	Ejected: 3	Extricated: 2	Air Bag: 0	Injury: 3	Taken for Treatment: 2
	Injured Taken To: NONE TRANSPORTED		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
2	Name (Last, First): SHEA, MORGAN JEAN-MARIE					Address 353 WEATHERSTONE LN MARIETTA, GA, 30068-				
	Age: 20	Sex: F	Unit #: 1	Position: 3	Safety Eq: 3	Ejected: 3	Extricated: 2	Air Bag: 0	Injury: 1	Taken for Treatment: 1
	Injured Taken To: DOCTORS HOSPITAL		By: GOLD CROSS EMS		EMS Notified Time (Fatality Only): 2153		EMS Arrival Time (Fatality Only): 2203		Hospital Arrival Time (Fatality Only): 2239	
3	Name (Last, First):					Address				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	
4	Name (Last, First):					Address				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

ADMINISTRATIVE

Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	By: INV. BAO	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.
Report By: WARNER, K. J.	Agency: COLUMBIA COUNTY	Report Date: 07/19/2020
Checked By: MOBLEY, J.		Date Checked: 07/19/2020

SUPPLEMENT
GEORGIA MOTOR VEHICLE CRASH REPORT

Agency Case Number: 20010988	Estimated Crash Date: 07/18/2020	Officer Name: WARNER, K. J.
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NARRATIVE CONTINUED

ADDITIONAL CITATION INFORMATION

Unit # <u>1</u> :	Unit # _____:
Citation # <u>274409</u> O.C.G.A. § <u>40-5-121</u>	Citation # _____ O.C.G.A. § _____
Citation # <u>274410</u> O.C.G.A. § <u>40-6-390</u>	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § <u>40-6-393 (A)</u>	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____
Citation # _____ O.C.G.A. § _____	Citation # _____ O.C.G.A. § _____

ADDITIONAL OCCUPANT INFORMATION

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

SUPPLEMENT

GEORGIA MOTOR VEHICLE CRASH REPORT

Agency Case Number:

20010988

Estimated Crash Date:

07/18/2020

Officer Name:

WARNER, K. J.

NARRATIVE CONTINUED

NOTE: ON 071920, MORGAN SHEA WAS PRONOUNCED DECEASED FROM HER INJURIES BY DR. FOX OF AUGUSTA UNIVERSITY MEDICAL COLLEGE.

NOTE: ON 071920 A WARRANT WAS ISSUED AGAINST BENTLEY DEVORE FOR HOMICIDE BY VEHICLE (1ST DEGREE) BY JUDGE QUESENBERRY.

* * E N D * *

ADDITIONAL CITATION INFORMATION

Unit # _____	Citation # _____	O.C.G.A. § _____	Unit # _____	Citation # _____	O.C.G.A. § _____
Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____
Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____	Citation # _____	O.C.G.A. § _____

ADDITIONAL OCCUPANT INFORMATION

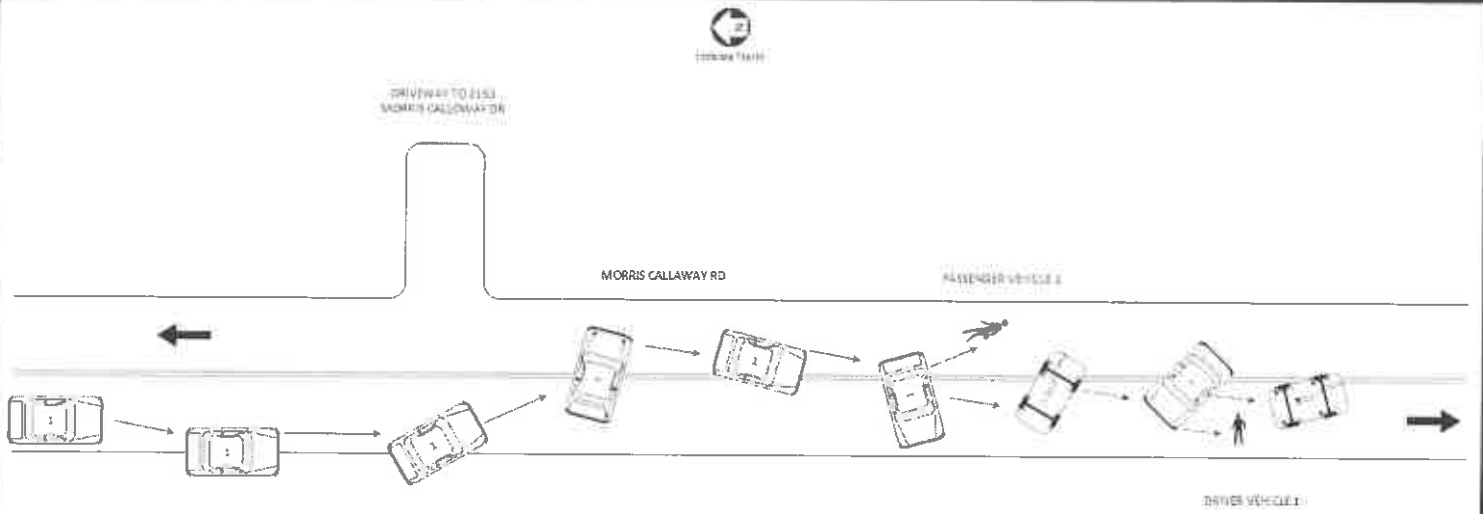
Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

Name (Last, First):					Address				
Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
Injured Taken To:		By:		EMS Notified Time (Fatality Only):		EMS Arrival Time (Fatality Only):		Hospital Arrival Time (Fatality Only):	

ADDITIONAL or FULL PAGE DIAGRAM



Drawing Not To Scale



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
 2273 COUNTY CAMP ROAD
 POST OFFICE BOX 310
 APPLING, GEORGIA 30802-0310

SHERIFF'S OFFICE
 (706) 541-1043

COMPUTER ORI
 GA 0360000

FAX: (706) 541-1740

STATEMENT

* DATE: 7/19/20 * TIME: 1831 * LOCATION: _____

Everyone was at the house and Morgan and Bentley left (Bentley was driving), about 10-15 min later, maybe 20-30 min there was an accident

16-10-20. False statements, concealment of facts, fraudulent writings, etc., in matters within jurisdiction of state or political subdivisions.

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. (Code 1933, § 26-2408, enacted by Ga. L. 1976, p. 483, § 1; Ga. L. 1979, p. 1068, § 1; Ga. L. 1982, p. 3, § 16.)

I have either read or had read to me, the above section of the law concerning the concealment of facts, giving false information, or making a false or fictitious statement to the officers now conducting this investigation.

I understand that a knowing or willful violation of this law can and may result in a legal action or prosecution being taken against me and that I may be jailed or fined or both, according to the law.

x Signature: <u>Hanna M. Hall</u>	x Print Name: <u>Hanna M. Hall</u>
x Address: <u>524 Pershing Drive North Augusta SC 29841</u>	
x DOB: <u>1998</u>	x Hm#: <u>8032935360</u> Wk#: _____
Witness: <u>K. Warner #91979</u>	
State & DL#: <u>SC, 103434010</u>	Case#: <u>20-010988</u> Page <u>1</u> of <u>1</u>



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
2273 COUNTY CAMP ROAD
POST OFFICE BOX 310
APPLING, GEORGIA 30802-0310

SHERIFF'S OFFICE
(706) 541-1043

COMPUTER ORI
GA 0360000

FAX: (706) 541-1740

STATEMENT

* DATE: 7-28-20 * TIME: 9:24 PM * LOCATION: _____

Myself, Ryan, Brock, Hannah & Her friend were
In the Garage when Bentley and Morgan took off
on the side by side. Bentley was driving and Morgan
was in the Passenger Seat. I'm not sure where Garrett
was but I know he was not on the side by side.

16-10-20. False statements, concealment of facts, fraudulent writings, etc., in matters within jurisdiction of state or political subdivisions.

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. (Code 1933, § 26-2408, enacted by Ga. L. 1976, p. 483, § 1; Ga. L. 1979, p. 1068, § 1; Ga. L. 1982, p. 3, § 16.)

I have either read or had read to me, the above section of the law concerning the concealment of facts, giving false information, or making a false or fictitious statement to the officers now conducting this investigation.

I understand that a knowing or willful violation of this law can and may result in a legal action or prosecution being taken against me and that I may be jailed or fined or both, according to the law.

X Signature: <u>Wayne J. [Signature]</u>	X Print Name: _____
X Address: <u>6706 Ridge Rd Appling, GA 30802</u>	
X DOB: <u>1999</u>	X Hm#: <u>706-945-2508</u> Wk#: _____
Witness: <u>K. Weaver #91979</u>	
State & DL#: _____	Case#: <u>20-010988</u> Page (of) _____